Patient Transfer Guidelines
2010

Attached are Patient Transfer Guidelines.

These guidelines are for use by Emergency Departments transferring patients to designated North Carolina Division of State Operated Healthcare Facilities (DSOHF). Every case is different and may have issues that complicate a simple list of medical clearance guidelines, but these guidelines will help DSOHF facilities work more effectively with local Emergency Departments by clarifying general expectations.

Recognizing that each case is unique, lab tests will be ordered based on clinical presentation of the patients. No specific lab tests are required for admission consideration. The decision to perform major diagnostic imaging rests with the Emergency Department physician. Information is provided that State Operated Facilities do not have major diagnostic imaging capability, including computed tomography. **If the receiving facility requires/requests lab, x-ray or other testing not felt to be indicated for medical clearance, this should be discussed directly with the ED physician caring for the patient by the accepting physician as early in the transfer planning process as is possible.**

In general, patients considered for admission to DSOHF facilities are patients that could otherwise be discharged home if psychiatric and/or inpatient substance abuse treatment was not needed. For patients whose clinical situation falls outside of these parameters, the decision about best placement of the patient will be made considering where the required services are best provided.

The DSOHF, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), North Carolina Hospital Association (NCHA) and North Carolina College of Emergency Physicians agree to support the attached guidelines. DSOHF and DMH/DD/SAS Office of Clinical Policy will periodically solicit feedback from participating psychiatric hospitals, substance abuse facilities, and community hospitals and will review and amend these guidelines as needed, at that time.

Division of State Operated Healthcare Facilities
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Patients who meet the criteria below qualify for admission to the State Psychiatric Hospitals and/or Alcohol and Drug Abuse Treatment Centers (ADATCs).
If these criteria are not met, then medicine must be consulted to review the case and determine if the patient falls within the medical capability of the receiving Hospital and/or ADATCs :

1. Serum potassium level should be greater than 2.8 and less than 6. For patients with a low potassium level, there should be no active vomiting for at least 4 hrs.. For K+ of 2.8-3.1 patient should receive potassium replacement in the ED. No replacement is needed for levels greater than 3.1 if not vomiting and able to eat normally. For potassium levels outside of these parameters, discuss with the receiving medical physician or non physician medical provider (NPMP) or the ED may repeat the level.

2. Serum sodium level should be 128 or higher. If less than 128, must be documented history of chronic hyponatremia or repeat level demonstrating that sodium is not falling and no evidence that the low sodium is causing mental status changes. For sodium levels outside of these parameters, consult the receiving medical physician or NPMP or the ED may repeat the level.

3. Acetaminophen overdose: Patient should have a 4 hour Acetaminophen level of less than 140 (or other appropriate non-toxic level if greater than 4 hours from ingestion) and have no other signs of significant overdose such as significantly elevated liver enzymes or persistent vomiting. INR levels and hepatic transaminases are requested if liver involvement is suspected.

4. Overdose (other than Acetaminophen): Patient should meet criteria for discharge to home before transfer. For patients who are medically stable, but are exhibiting residual sedation, discuss with the receiving medical physician or NPMP.

5. Diabetics: Blood sugar level should be between 65-500 and no evidence of DKA. If initial blood sugar is less than 65, hypoglycemia should be treated and patient observed in the ED. Patient can be transferred after blood sugar remains greater than 65 for 2 or more hours and is able to take PO intake. For clinical situations outside of these parameters, discuss with the receiving medical physician or NPMP.

6. Stable Vital Signs: For elevated blood pressure, patient should have no signs of hypertensive urgency. Patients with blood pressure greater than 200 systolic and/or 110 diastolic and no signs of a hypertensive urgency/emergency, should have blood pressure therapy initiated consistent with ACEP guidelines.

ACEP Patient Management Recommendations: Do asymptomatic patients with elevated blood pressures benefit from rapid lowering of their blood pressure?

Level A recommendations. None specified.

Level B recommendations.

1. Initiating treatment for asymptomatic hypertension in the ED is not necessary when patients have follow-up.

2. Rapidly lowering blood pressure in asymptomatic patients in the ED is unnecessary and may be harmful in some patients.

3. When ED treatment for asymptomatic hypertension is initiated, blood pressure management should attempt to gradually lower blood pressure and should not be expected to be normalized during the initial ED visit.

7. If measured, alcohol level should be less than 300 mg/dl and the patient should have been psychiatrically re-evaluated and still meet commitment criteria. Intoxicated patients with any positive alcohol level should be able to walk safely and take PO. UDS is preferable in these patients; however, this should not delay decision-making or disposition of the patient if otherwise stable. For clinical situations outside of these parameters, discuss with the receiving medical physician or NPMP.

8. No need for IV fluids or IV medication. If patient requires IV fluids or meds, discuss with the receiving medical physician or NPMP. (Cherry Hospital and ADATCs can not take patients requiring IV meds or fluids).

9. WBC should be >2000/ Absolute Neutrophil Count> 1000 and less than 20,000. For WBCs outside of these parameters, discuss with the receiving medical physician or NPMP.

10. Discuss with the receiving medical physician or NPMP for any patient requiring infectious disease isolation or precautions. (Patients can typically be accommodated, but there has to be planning for bed type and transfer under proper conditions.)